

**REGISTRATION FORM FOR A COMMITTEE  
OTHER THAN CANDIDATE'S**

Year of Election: \_\_\_\_\_

Date of this Registration: \_\_\_\_\_

Original  
Amendment

**Type of Committee (Check One):**

Organization or person other than  
Candidate's Campaign Committee

Independent Committee

Constitutional Amendment or Statewide  
Referendum

County or Municipal Ballot  
Question

Recall Election - Name of Public Officer & Office Held

\_\_\_\_\_  
\_\_\_\_\_

Committee (Full Name): \_\_\_\_\_

Committee Address: \_\_\_\_\_

Telephone Number: (    ) \_\_\_\_\_

Committee Affiliation: \_\_\_\_\_

Chairperson (Full Name): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Treasurer (Full Name): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Signature of Person Registering Committee:

\_\_\_\_\_

For Office Use

**MAIL TO:**

SECRETARY OF STATE ELECTIONS DIVISION  
1104 WEST TOWER  
2 MARTIN LUTHER KING, JR. DRIVE, S.E.  
ATLANTA, GEORGIA 30334-1501